

NOBELB.163A



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Steve Hurson  
Appl. No. : 10/748,869  
Filed : December 30, 2003  
For : DENTAL IMPLANT SYSTEM  
Examiner : Ralph A. Lewis  
Group Art Unit : 3732

AMENDMENT

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed March 24, 2005, Applicant respectfully requests the Examiner to reconsider the above-captioned application in view of the foregoing amendments and the following comments.

**Amendments to the Specification** are reflected on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Amendments to the Drawings** begin on page 8 of this paper. A "Replacement Sheet" for each sheet of drawings being amended can be found in the Appendix.

**Remarks/Arguments** begin on page 9 of this paper.

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Please Direct All Correspondence to Customer Number 20995

### AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Steve Hurson  
 App. No : 10/748,869  
 Filed : December 30, 2003  
 For : DENTAL IMPLANT SYSTEM  
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 Art Unit : 3732

#### CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 26, 2005

(Date)

Rabinder N. Narula, Reg. No. 53,371

#### Mail Stop Amendment

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 10 pages.
- (X) 13 sheets of replacement drawings.

The fee has been calculated as shown below:

<b>FEE CALCULATION</b>				
<b>FEE TYPE</b>		<b>FEES CODE</b>	<b>CALCULATION</b>	<b>TOTAL</b>
Excess Claims > 20	35 - 35 = 0	1202 (\$50)	0 x 50 =	\$0
Independent > 3	3 - 3 = 0	1201 (\$200)	0 x 200 =	\$0
3 Month Extension	1.17(a)(3)	1253 (\$1,020)		\$1020
			<b>TOTAL FEE DUE</b>	<b>\$1020</b>

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$1020 is enclosed.
- (X) Return prepaid postcard.

Docket No.: NOBELB.163A

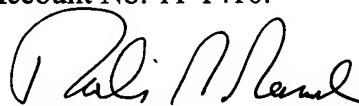
September 26, 2005

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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Rabinder N. Narula

Registration No. 53,371

Attorney of Record

Customer No. 20,995

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